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Telephone: (703) 205-8000 • Facsimile: (703) 205-8050PLEASE NOTE:
YOU MUST
COMPLETE THE
FOLLOWING**COMBINED DECLARATION AND POWER OF ATTORNEY
FOR PATENT AND DESIGN APPLICATIONS**

As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title: **SYSTEM FOR REMOTELY RECORDING LANDSCAPE CHANGE**

the specification of which is attached hereto. If not attached hereto, the application is identified by the attorney docket number as set forth above and/or the following:

Full in Appropriate Information - The specification was filed on 02/20/2004 as United States Application Number 10/781,826 ; and amended on 2/24/2004, 2/6/2008 and 10/2/2008 (if applicable) and/or

For Use Without Specification Attached: the specification was filed on _____ as PCT International Application Number _____ ; and was amended on _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Insert Priority Information (if appropriate)	Prior Foreign Application(s)	Priority Claimed
<u>2003900756</u>	<u>Australia</u>	<u>February 20, 2003</u>
(Number)	(Country)	(Month/Day/Year Filed)
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below.

Insert Provisional Application(s): (if any)	(Application Number)	(Filing Date)

All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:

Insert Requested Information (if appropriate)	Country	Application Number	Date of Filing (Month/Day/Year)

I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s), including for continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

Insert Prior U.S. Application(s): (if any)	(Application Number)	(Filing Date)	(Status - patented, pending, abandoned)


I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

CUSTOMER NO. 02292; (BIRCH, STEWART, KOLASCH & BIRCH, LLP)
Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

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FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First or Sole Inventor: Insert Name of Inventor Insert Date This Document is Signed Insert Residence Insert Citizenship Insert Past Office Address	GIVEN NAME/FAMILY NAME Mark Seton CHAPMAN	INVENTOR'S SIGNATURE 	DATE* 18-03-04
	Residence (City, State & Country) Hants, United Kingdom		CITIZENSHIP U.S. Australia
	MAILING ADDRESS (Complete Street Address including City, State & Country) Island Croft, Steep, Petersfield; HANTS; GU32 1AE; UNITED KINGDOM		
Full Name of Second Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
	Residence (City, State & Country)		CITIZENSHIP
	MAILING ADDRESS (Complete Street Address including City, State & Country)		
Full Name of Third Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
	Residence (City, State & Country)		CITIZENSHIP
	MAILING ADDRESS (Complete Street Address including City, State & Country)		
Full Name of Fourth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
	Residence (City, State & Country)		CITIZENSHIP
	MAILING ADDRESS (Complete Street Address including City, State & Country)		
Full Name of Fifth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
	Residence (City, State & Country)		CITIZENSHIP
	MAILING ADDRESS (Complete Street Address including City, State & Country)		
Full Name of Sixth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
	Residence (City, State & Country)		CITIZENSHIP
	MAILING ADDRESS (Complete Street Address including City, State & Country)		

*DATE OF SIGNATURE

